



VA E-mail News

Mission: To provide high quality, cost effective health care for America's veterans that exceeds their expectations and is enriched by outstanding research and education.

August 2002

Kenneth J. Clark, Network Director

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NATIONAL FOUNDATION HELPS LV HOMELESS VETERANS

Last September, the United States Veterans Initiative, a nonprofit organization helping homeless veterans, took over the Meadows Inn, a structure now devoted to homeless veterans. More than 200,000 veterans reside in Clark County, which has one of the highest numbers of homeless vets per capita in the country. Las Vegas police estimate the region's homeless populations at 8,000 - more than 3,000 of who are veterans. The greatest resource veterans need is affordable housing, and at Meadows Inn, unemployed veterans who are homeless or at risk of homelessness are eligible for assistance and housing there. The program focuses on employment, sobriety maintenance and relapse prevention. As veterans move through the program, they enter transitional housing, which provides low-rent rooms and enables them to continue to participate in sobriety support groups.

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Check out these Web sites

Network 22 Internet Site:

<http://www.visn22.med.va.gov/>

VA Compensation & Pension Benefits:

<http://www.vba.va.gov/bln/21/index.htm>

VA Memorial Benefits:

<http://www.cem.va.gov/>

VA Vocational Rehabilitation - Employment

<http://www.vba.va.gov/bln/vre/index.htm>

WATER INTAKE IMPORTANT FOR HEALTHY BODY

It is more important than you think to drink plenty of water. Here are some little known statistics: 75% of Americans are chronically dehydrated; in 37% of all Americans, the thirst mechanism is so weak, it is often mistaken for hunger; even mild dehydration will slow the body's metabolism as much as 3%; one glass of water shuts down midnight hunger pangs for almost 100% of dieters; lack of water is the most common trigger for daytime fatigue; preliminary research indicates that 8 to 10 glasses of water daily could significantly ease back and joint pain for up to 80% of all sufferers; a mere 2% drop in body water can trigger short-term memory lapse and difficulty focusing; and finally, drinking 5 glasses of water daily may decrease the risk of colon, breast and bladder cancer. To learn more go to <http://www.water.com>.

(Thanks to Teresa Hilleary, R.D.) [Return to the Top](#)

VA RECEIVES TOP PHARMACEUTICAL AWARD

Innovation comes in many forms. For a VA nurse in Topeka, Kansas, it emerged from the most unlikely places, a rental company. Her idea resulted in the birth of a cutting-edge program that recently received the American Pharmaceutical Association's Pinnacle Award in the health system category. Her inspiration evolved into the Bar Code Medication Administration (BCMA), a program designed to eliminate a host of problems like poor handwriting and lost paper prescriptions. According to HHS, medication errors in our nation's hospitals can be reduced by more two-thirds, if doctors enter prescriptions into a computer rather than scribbling on paper. Bar coding today is used in every VA facility and has been acclaimed throughout the medical community. Before dispensing medications at a VA hospital, a nurse scans the patient's wristband with a hand-held device similar to price scanners, and then scans a label on the medicine to make sure the correct patient is receiving the right medicine in the right dose at the right time. The significant advantage is that a real-time system allows everyone in the medication loop, from physicians to the pharmacist to the nurse, instant updates. If the physician cancels or changes a drug order mid-shift, the system catches the changes and prevents the administration of the wrong dose. For more than 5 years, VA has understood that medical errors were a major problem that needed to be confronted with aggressive action. In response, VA established its National Center for Patient Safety in 1998, more than a year before the Institute of Medicine raised public awareness of the extent of the safety problems in U.S. health care. The results cannot be ignored. Between 1993 and 1999, the Topeka VA Medical Center experienced: a 74% improvement in errors

caused by the wrong medication being administered; a 57% improvement in errors caused by the incorrect doses being administered; a 91% improvement in wrong-patient errors and an almost 92% improvement in wrong-time errors. The Pinnacle Award comes to VA in no small measure because of a VA nurse's foresight and passion more than 10 years ago. [Return to the Top](#)

LANDMARK STUDY QUESTIONS COMMON KNEE SURGERY

Arthroscopic surgery for osteoarthritis of the knee has been called into question by VA researchers. Research found that patients who underwent "placebo" arthroscopic surgery for osteoarthritis of the knee were just as likely to report pain relief as those who received the real procedure. Arthroscopic surgery is one of the most common surgical procedures for osteoarthritis of the knee. Research was done by VA and the Baylor College of Medicine in Houston and reported in the recent issue of the *New England Journal of Medicine*. In the study, 180 patients with knee pain were randomly divided into three groups. One group received surgery, in which worn, torn or loose cartilage was cut away and removed with the aid of a pencil-thin viewing tube called an arthroscope. The second group underwent arthroscopic lavage, in which the bad cartilage was flushed out. The third group underwent simulated arthroscopic surgery, in which small incisions were made, but no instruments were inserted and no cartilage was removed. All patients were aware at the beginning of the study that some would not receive actual surgery. During two years of follow-up exams, patients in all three groups reported moderate improvements in pain and the ability to function. In fact, the placebo patients reported better outcomes at certain points during the follow-up. Osteoarthritis, a degenerative joint disease, is the most common form of arthritis, and typically occurs in the knee. Symptoms include pain, stiffness and inflammation. Treatment typically involves pain-relieving medicine and anti-inflammatory drugs, along with heat-therapy and exercise. When these fail, surgery is often recommended. In the United States, it is estimated that more than \$3 billion is spent annually on 650,000 arthroscopic procedures of the knee, many for arthritis. An individual procedure typically costs \$5,000.

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QUICK BLOOD TEST FOR HEART FAILURE PROVES SUCCESSFUL IN MULTINATIONAL STUDY

In a trial of nearly 1,600 patients in the United States and Europe, a 15-minute blood test enabled emergency room doctors to correctly diagnose congestive heart failure in 9 out of 10 cases – without relying on traditional and more costly, time consuming methods such as echocardiograms and chest X-rays. The VA study appeared in a recent issue of the *New England Journal of Medicine*, and according to lead investigator, Alan Maisel, M.D., Director of the Coronary Care Unit at the VA San Diego Healthcare System, *“There has never been a blood test for congestive heart failure before...with the test,”* he said, *“two drops of blood can get you the results in 15 minutes This test helps save lives and time.”* The test developed by San Diego based Biosite, Inc., measures levels of a hormone called B-type natriuretic peptide (BNP). This hormone is often greatly elevated during heart failure. In 2000, FDA approved the BNP test, and is currently the *only* blood test approved by FDA as an aid in diagnosing congestive heart failure. More than 300 hospitals across the United States use the BNP test. Congestive heart failure (CHF) occurs when the heart cannot pump enough blood to supply the rest of the body. As a result, blood backs up in the body, mainly the liver, lungs, hands and feet. Physical symptoms include shortness of breath, coughing and swelling. CHF is different from a heart attack, where the blood supply to the heart itself is restricted. CHF affects nearly 5 million Americans, with more than 500,000 new cases diagnosed each year. People with CHF can be treated through medication and lifestyle changes, but the five-year survival rate is only about 50 percent. In the multinational trial held in seven hospitals in the United States, France and Norway, doctors were able to correctly diagnose CHF in nearly 83 percent of cases, using only the results of the BNP test. When they combined the results with other clinical markers, the accuracy rate climbed to 90 percent and above. By itself, BNP levels were more accurate than any single test in identifying CHF as the cause of symptoms. [Return to the Top](#)

VA CONDUCTS YOUTH INITIATIVE

VA is completing the first phase in a campaign to increase educational opportunities and employment of minority youth in VA. Officials are assessing results of the eight-week pilot at the South Texas Veterans Health Care System in San Antonio before introducing similar programs at other VA facilities. The San Antonio work-study program involved 53 students, mostly Hispanic, whose low family incomes could endanger their chances of attending college or even completing high

school. Students aged 16 to 18 were selected by the Texas Employment Commission, to participate in work and educational experiences 40 hours a week for eight weeks. The program ran from June 3 till July 26th. According to the VA Secretary, the objective of the program was to introduce minority students to role models and mentors who will inspire them to remain in school. Students were assigned to VA facilities and participated in workshops and meetings with assigned mentors. VA selected the South Texas Veterans Health Care System for the pilot because its medical center and outpatient clinics already have enrichment programs with local schools and have large Hispanic student enrollments. VA's nation wide Hispanic work force is 6.3 percent (Network 22 has 9 percent), and its goal is to approximate the country's overall proportion of Hispanic employees at 12.5 percent. VA's Youth Initiative supports the White House Initiative on Educational Excellence for Hispanic Americans and addresses the problems of Hispanic underrepresentation as well as succession planning for its work force. Additionally, the program markets government service to minority youth. If you want additional information about the likelihood of your facility being approved for this program, please contact Lorena Ruley in HR at 202-273-4938. [Return to the Top](#)

ROSWELL REJECTS MEDICARE SUBVENTION BILL

On July 16th, VA Under Secretary for Health, Robert H. Roswell appeared before the House VA Committee to present the Administration's views on H.R. 4939, the Veterans Medicare Payment Act of 2002. If passed, the bill would direct that beginning in 2003, HHS transfer funds to VA. The bill would require that the funds be paid on a periodic basis from the Federal Supplementary Medical Insurance Trust Fund. Although the Administration supports the concept of federal healthcare coordinating benefits in ways that enhance beneficiaries' care and improve the utilization of federal healthcare dollars, it does not believe that this bill achieves that goal. According to Dr. Roswell, the President is concerned that the transfer of funds would significantly increase mandatory spending with no identified offset. The Administration estimates that the bill could cost nearly \$32 billion over 10 years, and would require transfers of funds to VA on behalf of veterans who receive care for service-connected disabilities. Additionally, as written, the bill would constitute a significant change from the historic practice of having VA shoulder the responsibility for providing and funding such care, and for those reasons, the Administration opposes the enactment of the bill. Dr. Roswell finished his testimony by noting that if enacted, the bill may not actually increase

VA resources for veterans' access to care over the long term. According to Roswell, ... *"when the Department accesses new funding streams, those increased funds are typically offset against the appropriations we would otherwise receive. We have no reason to believe that would not be the case with this bill...If more veterans were encouraged to use VA as a result of this bill,"* he said, *"the cost to VA would likely be significantly more than the transfer from the Medicare Trust Funds."* The American Legion agrees. *"If a Medicare eligible veteran goes to a private health care provider and is treated for a service-connected or nonservice-connected medical condition and Medicare covers the entire cost of care, then that veteran should enjoy the same benefit within VA. If one Federal health care provider can receive Medicare reimbursements with superficial provisions, then all Federal health care providers should be treated equally."* [Return to the Top](#)

VA ANNOUNCES NEW MEMBERS-REHABILITATION ADVISORY COMMITTEE

VA Secretary Anthony J. Principi recently appointed five new members to a long-standing committee that advises him on rehabilitation programs run by VA. About 2.3 million veterans have medical problems that are connected to their military service. VA offers a wide range of rehabilitative services to help them, including rehabilitation medicine, vocational guidance, vocational rehabilitation, plus specialized employment and training programs. The members of VA's advisory committee, known formally as the Veterans Advisory Committee on Rehabilitation, advise the Secretary on the rehabilitation needs of disabled veterans, review programs designed to meet these needs and offer recommendations for improvement. Members of the committee are appointed to terms not longer than three years. The committee Chairman is Chad Colley of New Smyrna Beach, Florida. [Return to the Top](#)

VA ANNOUNCES MEMBERS OF READJUSTMENT ADVISORY COMMITTEE

The VA Secretary has appointed seven new members to the committee that advises him on readjustment programs run by VA. The Advisory Committee on the Readjustment of Veterans reviews current VA programs aimed at helping veterans readjust to civilian life and evaluates their effectiveness. The committee assesses availability, ease of access. Quality and veteran satisfaction with the services provided. Committee members update the Secretary regarding the nature and character of psychological problems stemming from military service

and recommended policies, organizational changes and services necessary to meet the readjustment needs of veterans in the future. Of particular interest to the committee, is VA's continued support for the care of war-related PTSD, including community-based Vet Centers and the full range of medical center-based treatment programs. In fiscal year 2000, Vet Center staff saw over 130,000 veterans and provided more than 900,000 visits to veterans and family members. The committee includes 15 members chosen based on their veteran status, professional leadership experience, ethnic and geographic diversity. Veterans' Service Organizations and women veterans are also represented. Attorney and retired Navy Captain Wade R. Sanders from San Diego is one of the new members of the committee. [Return to the Top](#)

VA MARKS 50TH ANNIVERSARY OF THE KOREAN WAR – PRESIDENT ISSUES PROCLAMATION

Vice President Richard Cheney joined VA Secretary Anthony J. Principi in a special presentation as part of the 50th Anniversary of the end of the Korean War. Republic of Korea, Korean War Service Medals were given to a group of Korean War veterans. In 1951, the service medal was originally offered by the Republic of Korea to United Nations forces serving in Korea and adjacent waters. At that time, U.S. law prohibited medals issued by foreign governments. Congress changed the law in 1954, but by then, most U.S. service members eligible for the medal had returned home. Eligibility for this medal is as follows: U.S. military personnel must have served between June 25, 1950 and July 27, 1953; been on permanent assignment or on temporary duty for 30 consecutive days or 60 non-consecutive days; and performed their duty within the territorial limits of Korea, the waters immediately adjacent to or in aerial flight over Korea participating in actual combat operations or in support of combat operations. To apply for the medal, veterans must provide a copy of their discharge paper (DD-214). For more information on the 50th Anniversary of the Korean War, go to <http://www.korea50.mil/>. The President proclaimed July 27, 2002 as National Korean War Veterans Armistice Day and declared that, *"The brave men and women of this coalition fought courageously to defend a population facing tyranny and aggression...As we face the challenges of a new era and a new war, we look to America's Korean War veterans for their example of dedication and sacrifice in defending freedom. These men and women faced a formidable adversary and endured harsh and bitter conditions in upholding our Nation's heritage of valor, tenacity and honor...These patriots,"* he said, *"advanced the principles and ideals upon which our nation was founded."*

NEW OFFICES WILL IMPROVE VA SERVICES TO VETERANS

VA has announced a new field structure for supervising the administration of benefits for veterans. The new organization stresses accountability and will promote consistency in operations as VA moves to implement reforms in claims processing to speed up services for veterans. VA developed four subdivisions for its national network of regional offices administering veterans' benefits in compensation, pension, vocational rehabilitation and employment and other financial benefits. Four area offices (Eastern, Central, Western and Southern) will be based in the field within their respective areas, each coordinating operations from 12 to 16 regional offices in their territory. The new field structure replaces a former "service delivery network" of nine groupings of regional offices reporting to two officials in Washington, one for the eastern part of the country, the other for the west. A task force that was commissioned last year to improve the efficiency of the VBA recommended the changes. The task force called for the new structure to provide clear lines of communication and to ensure uniform implementation of directives. It found that the loose organization of the prior groupings of regional offices designed to promote resource sharing did not provide an effective control. By contrast, the new area directors will have line authority over their group of regional offices to ensure accountability, rather than the prior status of 57 individual regional directors reporting to Washington officials. [Return to the Top](#)

PRESIDENT ANNOUNCES \$35 MILLION FOR HOMELESS

The President recently announced a \$35 million joint venture with three federal agencies to unite housing and social services for the homeless with addictions, mental illness, and other root causes for persistent homelessness. VA, HUD and HHS would provide rent subsidies, counseling, health care and other "supportive services" to help stabilize their lives. According to recent research, those people who are considered chronically homeless make up 10 percent of the United States population – 30 percent of whom are veterans.

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VHA PRODUCES PSA ABOUT COUNSELING SERVICES

VHA, in conjunction with OPA, has produced a TV PSA about VA counseling services. The purpose of the PSA is to inform veterans about the possible effects of trauma and the normal reaction of post-traumatic stress, encouraging them to inquire about assistance available throughout the VA health care system. Working in conjunction with Vet Centers operated by VA's Readjustment Counseling Service, VA

provides a network of more than 100 specialized programs for veterans with PTSD. Additionally, the non-veteran public will be encouraged to view VA's website for PTSD information and how to contact their local health care provider. VA's leading role in PTSD treatment will be positively reinforced. The tapes are to begin airing as soon as they are received for at least two months, particularly as the tension builds leading up to the anniversary of 9/11.

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MORE ON EXTENDED CARE COPAYMENTS

Under VA's rules on extended care copayments, the maximum rate that can be charged for extended-care services are: Nursing home, inpatient geriatric evaluations, inpatient respite at \$97 per day; adult day health care, outpatient geriatric evaluation, outpatient respite at \$15 per day; and domiciliary care at \$5 per day. However, under the new rule, veterans are only obligated to pay the copayment if they and their spouse have available resources. The monthly copayment will vary from veteran to veteran and is based on financial information submitted to VA. Veterans may or may not have a private insurance policy, but this does not affect their eligibility for VA care or their copayment requirements. While VA may bill the insurer for certain care costs above any deductible, this does not impact the veteran's health care. For more information, go to: <http://www.va.gov/elig> or call 877-222-VETS.

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PRESIDENT SIGNS EMERGENCY SPENDING BILL - \$142 MILLION FOR VA MEDICAL CARE

Congress recently passed a \$28.9 billion emergency spending bill (H.R. 4775) to strengthen homeland security and replenish military accounts drained by the war against terrorism. The House voted 397-32 – the Senate voted 92-7 to support the bill. The President signed a portion of the bill (\$23.8 billion) on August 2 - VA will receive \$142 million from that bill for VA medical care. However, the President rejected the \$5.1 billion portion of the bill for what he said, "a lot of that money has nothing to do with national emergency." VA would have received an additional \$275 million had that portion of the bill been signed. [Return to the Top](#)

STROKE PATIENTS W/DIABETES-HIGHER RISK OF DEATH

Stroke patients who have hyperglycemia (high blood sugar) at the time of admission to the hospital for treatment for stroke are at higher risk of death than patients with normal blood sugar levels that according to a recent study published in *Neurology*. Researchers analyzed the electronic medical records of 656 stroke patients hospitalized over a five-year period, more than 40 percent of these stroke patients had high blood sugar levels. Although most had previously been diagnosed with diabetes, their blood sugar levels were not under control. Researchers found that having high blood sugar when the stroke occurred, put patients at greater risk for 30-day, 1-year and 5-year mortality than if the sugar levels were in the normal range. Patients with high blood sugar also stayed longer in the hospital and faced higher costs than those with normal blood sugar. An abstract can be found at *Neurology's* website: <http://www.neurology.org/cgi/content/abstract/59/1/67> (Thanks to Dr. Claude Wasterlain) [Return to the Top](#)

LEGISLATION REFORMING BURIAL RULES – VA PROCUREMENT IMPROVEMENT

The House Veterans Affairs Committee passed legislation reforming eligibility standards for burial at Arlington National Cemetery. H.R. 4940 would revise and codify existing Army regulations determining burial eligibility at Arlington. Additionally, H.R. 4940 would eliminate the eligibility for high-ranking Government officials who are veterans, but who would otherwise not meet the military service criteria. A limited waiver provision was included that would allow the granting of a waiver for burial at Arlington in the case of an individual not otherwise eligible for burial, but whose acts, service, or contributions to the Armed Forces are “*so extraordinary as to justify burial at Arlington.*” The Committee also backed H.R. 5055 to authorize the placement of a new memorial in Arlington honoring the veterans of the Battle of the Bulge, the largest land battle of World War II, with more than 75,000 American casualties. Additionally, the Committee backed H.R. 3645, The Veterans Health Care and Procurement Improvement Act of 2002, legislation that would reform the procurement procedures of VA. H.R. 3645 would require that VA leverage their purchasing power through mandated use of the Federal Supply Schedule for medical and surgical purchases in order to gain greater efficiency in purchasing and to increase accountability. A substitute amendment was adopted that would: Address specialized medical item needs of veterans with severe disabilities; streamline the procedures that govern VA's use of enhanced use lease authority; provide hospital and nursing home care

and medical services to certain Filipino World War II veterans; expand eligibility for outpatient dental care for all former POW's; strengthen auditing and reporting requirements for VA research and education corporations established at VA medical centers; and to authorize DoD to participate in VA's Revolving Supply Fund for the purchase of health care items. All three bills are scheduled for final House approval before they are sent to the Senate for consideration. [Return to the Top](#)

VA SUBCOMMITTEE ON VETERANS BENEFITS HOLD HEARING ON MILITARY TRANSITION ASSISTANCE

The House VA Subcommittee on Benefits recently held a public hearing on The Military Transition Assistance Program (TAP). The Subcommittee examined the effectiveness of transition assistance programs in helping veterans secure long-term sustained employment, as well as issues of equal access for transition services overseas, differences and similarities between the services' individual programs, and what legislative action can be taken to make improvements. With more than 1.1 million servicemen and women transitioning back into civilian life over the next five years, the progress and effectiveness of federal programs to assist them in their transition was the focus of the hearing. Witnesses included Mr. Robert Epley of VBA, Mr. Federico Juarbe, Jr., of DoL, Ms. Cynthia Bascetta of the GAO and representatives of the armed forces representing DoD.

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REDUCTION OF WAITING TIME IN RECEIVING VA HEALTH CARE

As the number of veterans enrolling in VA health care continues to grow at unprecedented rates, VA has announced that more than 300,000 veterans are now on waiting lists to get a routine appointment or are waiting more than six months to see a doctor. The number of veterans who have enrolled in VA health care has more than doubled since 1995 – 2.9 million to 6.5 million in 2001 - VA estimates an additional 400,000 veterans will enroll and use VA health care in 2003. Although spread across 1,300 sites of care, including 163 hospitals and more than 850 outpatient clinics, the increase in veterans seeking care outstrips VA's capacity. To help find solutions, VA has taken a number of actions: VA is working with the Institute for Healthcare Improvement to reduce waiting times by finding clinical efficiencies; the Undersecretary for Health recently convened a task force to identify national strategies to reduce the backlog; VISN's were asked to identify local actions to reduce waiting times; VA has begun a nationwide system to track

enrollments and waiting times; comprehensive national policy documents are being finalized. These policies identify the process that each VISN will follow to enroll patients for clinical care and when to place patients on a waiting list. In the past, VA's ability to capture information with certainty has been hindered by not having a consistent computer application to measure waiting times. As more reliable and complete information becomes available, numbers could change. This fall, VA will implement a new computer application at all VA facilities that will provide reliable information. Approximately 48 percent of veterans enrolled in VA health care are 65 years and older. Additionally, many veterans enroll simply to establish a back up for their current medical care or may be receiving care at one VA facility, but seeking care at a more convenient site. [Return to the Top](#)

DRUG NICORANDIL COULD REDUCE RISK OF CARDIOVASCULAR DISEASE

Results of a recent U.K. study suggest that the antianginal drug Nicorandil could reduce the risk of cardiovascular disease associated with angina. Nicorandil is thought to have cardioprotective properties in addition to its anti-ischemic effects. According to Dr. Edward J. Lesnefsky of the Louis Stokes VA Medical Center in Cleveland, *"The results of IONA provide strong evidence that the cellular effectors of ischemic preconditioning will continue to emerge as key therapeutic targets in the development of strategies to manage ischemic heart disease."* Nicorandil is a novel antianginal agent that in addition to being a nitrate also opens potassium channels. It was used in refractory angina patients in the IONA trial. However, Nicorandil is not FDA approved, but many compounds such as this and ranolazine, which are presumed to exert their mechanism of action through altering the metabolism of the myocardium, are being investigated in the U.S. (Thanks to Dr. Freny Mody) [Return to the Top](#)

OBSCURE VETERAN FACT

Were you aware that the nation's first black non-commissioned officer of an integrated Army unit died on July 14th? Percy Ricks, Jr., of Augusta, Georgia tried to enlist in 1941 and was told that the Army "had enough blacks." At that time, the armed forces were still segregated. However, Ricks was soon drafted and within a year became one of the Army's youngest first sergeants in an all black unit in the 8th Army Air Corps in Africa. After the war, Mr. Ricks had the distinction of being selected as the first black first sergeant of a racially integrated unit at the Army Pictorial Center in Long Island, NY. Ricks was 26 years old and had been in the Army less than five years. Mr. Ricks retired in 1962 as a master sergeant, and in January, a room at Fort Gordon's Signal Corps Museum in Georgia was named in his honor. The foundation of this values-based organization was crafted upon Ricks' core principles - that it is a person's capabilities and inner qualities that are most important, not an individual's race, skin, color, gender or religion. President Harry S. Truman had the likes of Percy Ricks, Jr. in mind when he signed Special Order 118 in 1946 integrating the armed forces of the United States. [Return to the Top](#)